

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 309

03589

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County

Caroline

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age... 50 years

8. AGE:

Years 54 Months 3 Days 13 If less than one day hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4-14-46

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. 4/14

1946

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 9 1946 at 10

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 6 1946 to April 9 1946 and that I last saw him alive on April 9 1946

Immediate cause of death

Paralysis of muscles of pharynx 9 days

DURATION

Due to Not determined

Due to

Other conditions

Pyrexia 14 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

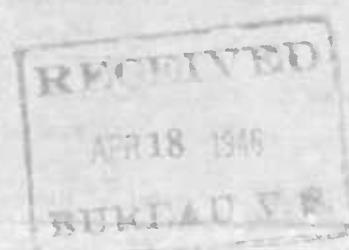
23. SIGNATURE

Address

M. D. or other

Baltimore MD

Date signed 4/14/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

63590

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County.....

City or town.....

Caroline

New Almaden

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 5 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Grace Cascaboon

4. Sex

m

5. Color or race

st.

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife.....

Viola Morgan Cascaboon

6. (c) If alive, give age 56 years

7. Birth date of

deceased (mo., day, yr.)

Jan 12 1888

8. AGE:

Years 58

Months 3

Days 18

If less than one day  
hrs. .... min.

9. Birthplace.....

(Town, county, and state)

New Jersey

10. Usual occupation.....

Steam Engineer F.

11. Industry or business

Richard Cascaboon

12. Name.....

Richard Cascaboon

13. Birthplace

New Jersey

14. Maiden name.....

Grace

15. Birthplace

New Jersey

16. Informant.....

Mrs. Viola Cascaboon

Address

Greenwood

July

17. Buried.....

Date thereof 4-19-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hollingsville

N.J.

Location

Carlsbad New Jersey

18. Funeral director.....

J. Vigil Mortuary

Address

1 Denton St

19. 4/16/46

1946

M.D. &amp; George

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 13 1946 a.m. 11P M

3. (a) CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw h..... alive on.....

Immediate cause of death.....

Cause of death..... Duration.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

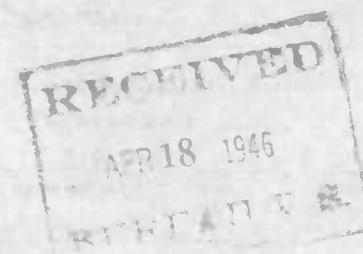
Injured at work?.....

23. SIGNATURE.....

Name..... Date signed..... M. D. or other.....

Address.....

Date signed..... 4/16/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of **MARYLAND STATE DEPARTMENT OF HEALTH**  
usual residence of deceased is shown <sup>2411 N. Charles St., Baltimore 25</sup> on  
**FILM NO. 101 MAY 2 1946** **CERTIFICATE OF DEATH**

03591  
Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County.....

City or town.....

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

9. Birthplace..... (Town, county, and state)

10. Usual occupation.....

## 11. Industry or business

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Buried..... Date thereof.....

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. 4/17 1946  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1940, to April 15, 1946

and that I last saw h..... alive on 19.

Immediate cause of death.....

Cerebral Hemorrhage 2 days

Due to.....

Due to..... 10 days

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

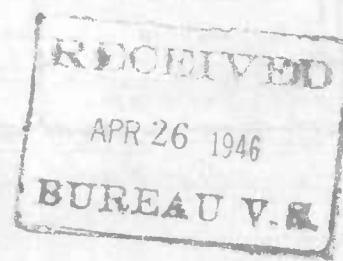
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Date signed.....

Registrar.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

03592

Reg. Dist. No. 62

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County

Caroline

City or town

New Dorlan

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

## 3. (a) FULL NAME

State Coker

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Andrew Coker

7. Birth date of deceased (mo., day, yr.)

Oct. 30<sup>th</sup> 1870

6. (c) If alive, give age years

8. AGE:

Years  
75Months  
5Days  
18

If less than one day

hrs. min.

9. Birthplace

New Dorlan Md

(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

Spooler Messide

12. Name

Maryland

13. Birthplace

Sussex Person

14. Maiden name

Jugli

15. Birthplace

Mrs Arthur Scott

16. Informant

Ad. Dorlan

2nd

17. Buried

Date thereof 4-21-46

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Denton Cemetery

Location

Denton Md

18. Funeral director

J. Virgil Wood &amp; Son

Address

Denton Md

19. 4-21-46

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Dorlan

County

City or town

Denton Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 17

1946, at 1100 P.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from April 14, 1946, to April 17, 1946, and that I last saw her alive on April 17, 1946.

Immediate cause of death

Due to: Loss of energy 3 days

DURATION

Due to:

Other conditions: Arthur S. Sowers

5 yrs

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

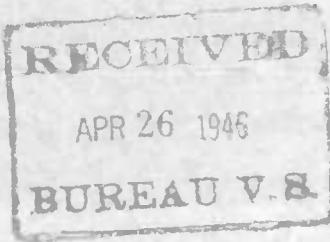
Injured at work?

23. SIGNATURE

Dorothy George M. D. or other

Address: Dorlan Md Date signed: 4/21/46

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 180

## CERTIFICATE OF DEATH

03593

Reg. Dist. No. 61

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

James Costen

4. Sex

5. Color or race

8.(a) Single, married, widowed, or divorced

Male

B. Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Sept. 26 1885

8. AGE:

Years      Months      Days      If less than one day

60

7

2

hrs.

min.

9. Birthplace.....

Greensboro Caroline Md.

(Town, county, and state)

10. Usual occupation.....

Laborer

11. Industry or business

Bennie Costen

12. Name.....

Bennie Costen

Maryland

13. Birthplace.....

Sarah Liz

14. Maiden name.....

Maryland

15. Birthplace.....

Martha Boise

16. Informant.....

Greensboro Md.

Address.....

Burial

Date thereof..... 4/29/46

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Cokers

Location.....

Near Greensboro

18. Funeral director.....

Raymond B. Pawlings

Address.....

Greensboro Md.

19. Date rec'd by registrar.....

April 29 1946 L. M. McPhee

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

219-03-0468

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 27 1946 at 1030 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

DURATION

Due to..... Buried to death in home

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

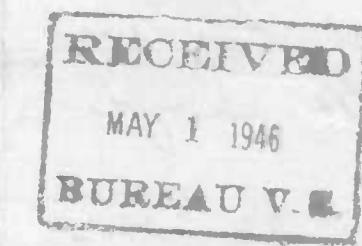
Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE..... Amey George M. D. or other

Address..... 4128146 Date signed.....



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

0359464  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County

Caroline

City or town

Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

30 years

Hospital, institution, or street address where death occurred:

Bridgerville Road

How long in hospital or institution?

## 3. (a) FULL NAME

James' Donovan

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Lillie Donovan

6.(c) If alive, give age

65

years

7. Birth date of deceased (mo., day, yr.)

October 21, 1877

8. AGE:

Years  
68Months  
6Days  
0

It less than one day

hrs.

min.

9. Birthplace

Near Greenwood, Sussex County, Delaware

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

MOTHER FATHER

12. Name

John Donovan

MOTHER FATHER

13. Birthplace

Sussex County, Delaware

MOTHER FATHER

14. Maiden name

Phoda Joseph

MOTHER FATHER

15. Birthplace

Sussex County, Delaware

16. Informant

Mrs. Lillie Donovan

Address

Federalsburg, Maryland, P.T.O.

17. Burial

Date thereof April 24 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hollywood Cemetery

Location

Harrington, Delaware

18. Funeral director

J. J. Crumpton and Son

Address

Federalsburg, Maryland

19. April 24

1946

S. J. Crumpton

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Caroline

City or town Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Bridgerville Road

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

219-14-4675

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 21 1946 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 21 - 1946 to April 21 - 1946

and that I last saw him alive on April 21 - 1946

Immediate cause of death

Coronary Thrombosis

DURATION

2 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

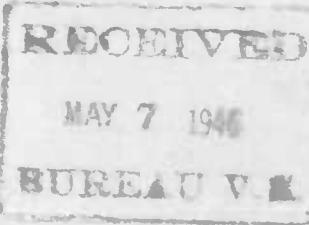
23. SIGNATURE

Frank M. Anderson M.D.

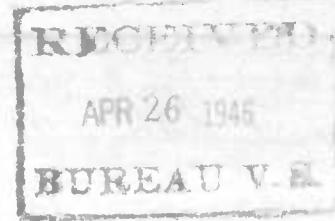
M. D. or other

Address

Date signed 4/24/46







FILM No. I 01 APR 16 1946

## CERTIFICATE OF DEATH

Reg. Dist. No. 60

## 1. PLACE OF DEATH:

County Caroline

City or town Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Thomas T Galborough

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

Colored

married

6. (b) Name of husband or wife

Catherine E Galborough

7. Birth date of deceased (mo. day, yr.)

April 21 1964

6. (c) If alive, give age in years

8. AGE:

Years

Months

Days

If less than one day

79

80

hrs.

min.

9. Birthplace

Md.

(Town, county, and state)

Fair Work

10. Usual occupation

11. Industry or business

12. Name

John Galborough

13. Birthplace

Md.

14. Maiden name

Mary E Brydles

15. Birthplace

Md.

16. Informant

Mary E Galborough

Address

Mary St. Md.

17. Burial, cremation, or removal (Which?)

Em Zion Cem Date thereof April 11 1946

Cemetery or crematory

Em Zion Cemt

Location

near Maryland Md

18. Funeral director

Calvin Black

Address

107 1/2 Green St. Anne Ar.

19. Date rec'd by registrar

April 7 1946 J. Clark Smith

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County Caroline

City or town

Marydel

(If outside city or town limits, write RURAL and give nearest town)

Street No.

R.D. 2

West of Marydel

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1946 at 2 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on 19.

Immediate cause of death

DURATION

Due to Cardio-Vascular, Renal Disease

Several years

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

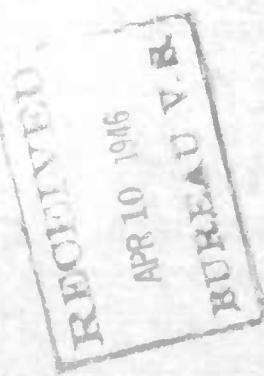
Injured at work?

23. SIGNATURE

Hansen &amp; George Coram M. D. or other

Address

Denton Md. Date signed 4/7/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77

03597

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

27 years

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Eli Garrison

4. Sex

m

5. Color or race

w.

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife.....

Margot Stayman Garrison

7. Birth date of deceased (mo., day, yr.)

Nov. 15, 1865

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

82

6

4

hrs.

min.

9. Birthplace.....

Johnstown, Penn.

(Town, county, and state)

10. Usual occupation.....

Retired Farmer

11. Industry or business

Geo. Garrison

12. Name.....

MOTHER FATHER

13. Birthplace

Penn.

14. Maiden name.....

Mary Stayee

15. Birthplace

Penn.

16. Informant.....

Miss Ada Garrison

Address

Denton, Md.

17. Buried

Date thereof.....

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Denton Cemetery

Location.....

Denton, Maryland

18. Funeral director.....

J. Siegel Mortuary

Address

Denton, Md.

19. 4/7/46

19. 46

MD &amp; P. Gen.

Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 7

1946

at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr. 15 1946 to

Apr. 1946

and that I last saw him alive on

Apr. 1

1946

Immediate cause of death.....

arteritis reiteris generalized

DURATION

4 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

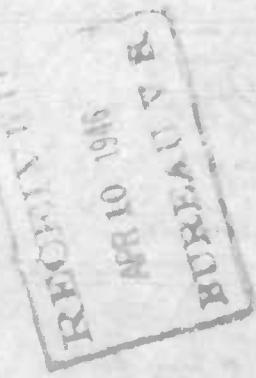
Injured at work?

23. SIGNATURE

Paul Smith M.D.

M. D. or other

Address..... Date signed 4/7/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

03598

62

## CERTIFICATE OF DEATH

Reg. Diat. No.

## 1. PLACE OF DEATH:

County CarolineCity or town  Denton - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? \_\_\_\_\_

## 3. (a) FULL NAME

Harry H. Hoskins4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Sevilla Hoskins7. Birth date of deceased (mo., day, yr.) December 26, 1870 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 75 Months 4 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Virginia (Town, county, and state)10. Usual occupation Farm Laborer11. Industry or business Farm12. Name William Hoskins13. Birthplace Virginia14. Maiden name Mary Frances Tyler15. Birthplace Virginia16. Informant Gertrude HoskinsAddress Denton, Maryland, R.F.D.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof May 2 1946 (month) (day) (year)Cemetery or crematory Denton Colored CemeteryLocation Denton, Maryland18. Funeral director J. F. Frampton and SonAddress Federalsburg, Maryland19. 4/30/46 19. (Date rec'd by registrar) 1946 H. H. George Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Denton - Rural (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946 at 1:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. \_\_\_\_\_ to 19. \_\_\_\_\_

and that I last saw h. \_\_\_\_\_ alive on 19. \_\_\_\_\_

Immediate cause of death \_\_\_\_\_

Due to Cardiac Aecclusions DURATION uddenDue to Cardio Vascula Renal Disease several years

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

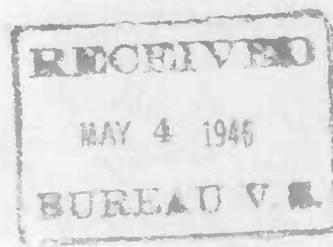
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Hanson H. George Physician Examiner or otherAddress Denton, Maryland Date signed 4/30/46



Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH  
of deceased is shown on

2411 N. Charles St., Baltimore 940

03599

FILM No. 101 MAY - 2 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County.....

*Caroline*

City or town.....

*Deuelton* *Sud*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

*10 years*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

*Obijah Dye Louis*

3. (b) Social Security Number

4. Sex

*M*

5. Color or race

*do.*

6. (a) Single, married, widowed, or divorced

*married*

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

*Sept. 8<sup>th</sup> 1868*

6. (c) If alive, give age.....

years

8. AGE:

Years *77*

Months *78*

Days *6*

If less than one day

*10*

hrs.

min.

9. Birthplace.....

(Town, county, and state)

*New Jersey*

10. Usual occupation.....

*Retired Farmer*

11. Industry or business

FATHER

12. Name.....

*John G. Louis*

13. Birthplace

*New Jersey*

MOTHER

14. Maiden name.....

*Harriett Beerscott*

15. Birthplace

*New Jersey*

16. Mortician.....

Address

*John G. Louis*

*Preston Sud.*

17. Burial

(Burial, cremation, or removal. Which?)

*Concord Cemetery*

Date thereof *4-24-46*

(month) (day) (year)

Cemetery or crematory

*Concord Cemetery*

Location

*Concord Sud.*

18. Funeral director.....

*J. Virgil Moore & Son*

Address

*1 Deuelton Sud.*

*Deuelton Sud.*

19. *4/24*

(Date rec'd by registrar)

*1946*

*Month Year*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

*Md*

County.....

*Caroline*

City or town.....

*Deuelton*

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

*April 20<sup>th</sup> 1946 at 6 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*May 16 1936* to *April 20 1946*

and that I last saw him alive on *April 19 1946*

Immediate cause of death.....

*coronary thrombosis*

DURATION

*12 days*

Due to.....

Due to.....

Other conditions *arteriosclerosis*

3 years

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work? .....

23. SIGNATURE.....

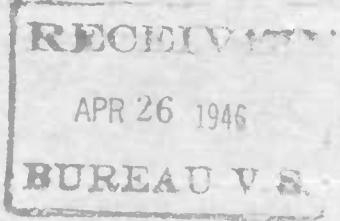
*Paul Nutt MD*

M. D. or other

Address.....

*Deuelton MD*

Date signed *4/28/46*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

03600

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County.....

Caroline

City or town.....

Treas. Delair

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

30 years

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?.....

## 3. (a) FULL NAME

4. Sex

m

5. Color or race

w.

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo. day, yr.)

6(c) If alive, give age.....years

Jan. 9<sup>th</sup> 1885

8. AGE:

Years

Months

Days

If less than one day

61

4

11

hrs.

min.

9. Birthplace.....

Treas. Delair red

(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business

FATHER

12. Name.....

Henry Japp

MOTHER

13. Birthplace

Pennsylvania

14. Maiden name

Mary J. Taylor

Pennsylvania

15. Birthplace

Pennsylvania

Pennsylvania

16. Informant.....

Samuel Japp

Address

Delair red

17. Buried

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Delair Cemetery

4-23-46

Location.....

Delair red

18. Funeral director.....

J. Virgil George

Address

Delair red

19. 4/23

1946

M. D. 6 Years

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Caroline

City or town.....

Delair red

Street No.....

(If outside city or town limits, write RURAL and give nearest town)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

April 20 1946, a. 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....18..... to.....19.....

and that I last saw h.....alive on.....19.....

Immediate cause of death.....

Due to.....

Cardiac Accusis

Died

Due to.....

Other conditions.....

4 years

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Hinson D. George

Dept. of Health, State of Maryland  
Dated 4/23/46

Date signed

RECEIVED

APR 26 1946

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

03601

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred:

New American Corner

How long in hospital or institution?

## 3. (a) FULL NAME

Margaret Ann Lucas

## 4. Sex

Female

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

William Lucas6. (c) If alive, give age years

## 7. Birth date of deceased (mo., day, yr.)

June 12, 1867

## 8. AGE:

Years 78Months 9Days 25If less than one day  
hrs. ..... min. .....

## 9. Birthplace

Caroline County, Maryland

(Town, county, and state)

## 10. Usual occupation

Housework

## 11. Industry or business

Home

## MOTHER FATHER

Zellie Smith

## 12. Name

Caroline County, Maryland

## 13. Birthplace

Caroline County, Maryland

## 14. Maiden name

Mary Jane Rose

## 15. Birthplace

Caroline County, Maryland

## 16. Informant

Mary L. Sharp

## Address

Preston, Maryland, P.T.D.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 11 1946  
(month) (day) (year)

## Cemetery or crematory

Harmony Cemetery

## Location

Preston, Maryland, P.T.D.

## 18. Funeral director

J. J. Frampton and Son

## Address

Federalsburg, Maryland19. April 11 1946

(Date rec'd by registrar)

J. J. Frampton

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. New American Corner

(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 7 1946at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 19 1946to April 6 1946

1946

and that I last saw her alive on April 6 1946 1946

## Immediate cause of death

Central HemorrhageDue to Hypertension

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

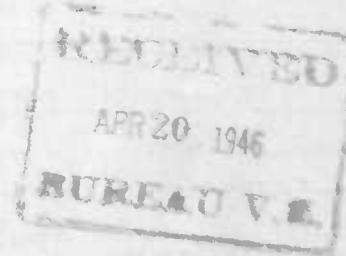
A. L. Small, M.D.

M. D. or other

Address Preston, Md.

Date signed

4/13/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1302

03692

Reg. Dist. No. 64

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County CarolineCity or town Federalburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Emmett Prattis4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 11, 1878 6.(c) If alive, give age \_\_\_\_\_ years8. AGE: Years 67 Months 6 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Caroline County, Maryland (Town, county, and state)10. Usual occupation Day laborer11. Industry or business Canning factory12. Name Henry Collins13. Birthplace Caroline County, Maryland14. Maiden name Mary Lizzie Prattis15. Birthplace Caroline County, Maryland16. Informant Evelyn DickersonAddress Federalburg, Maryland17. Burial Date thereof April 17, 1946 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Federal Hill CemeteryLocation Federalburg, Maryland18. Funeral director J. J. Brampton and SonAddress Federalburg, Maryland19. April 17, 1946 (Date rec'd by registrar) J. J. Brampton (Signature) Registrar (Title)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_ (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

212-18-6761

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1946 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 13, 1946 to April 14, 1946and that I last saw him alive on April 13, 1946Immediate cause of death uremiaDue to Chronic Nephritis DURATION 2 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_ PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

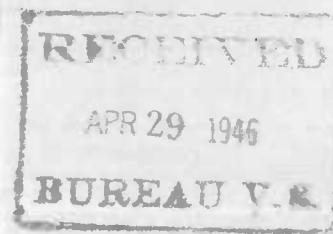
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE William C. Harrison MD M. D. or other \_\_\_\_\_Address Harlock Md. Date signed 4/16/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

03603

63

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County CarolineCity or town Preston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

John Rumbold

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Dora O. Rumbold

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

August 20, 1867

8. AGE:

Years  
78Months  
7Days  
25

It less than one day

hrs.

min.

9. Birthplace

Caroline County, Maryland

(Town, county, and state)

10. Usual occupation.

Day laborer

11. Industry or business

Scrap Metal

MOTHER FATHER

12. Name John Rumbold

MOTHER FATHER

13. Birthplace Caroline County, Maryland

MOTHER FATHER

14. Maiden name Mary J. Andrews

MOTHER FATHER

15. Birthplace Caroline County, Maryland

MOTHER FATHER

16. Informant

Mrs. Neta M. Russell

Address

Bridgeville, Delaware

17. Burial

(Burial, cremation, or removal. Which?) Burial Date thereof April 18 1946 (month) (day) (year)

Cemetery or crematory

Choptank Cemetery

Location

Choptank, Maryland

18. Funeral director

J. J. Brampton and Son

Address

Federalsburg, Maryland

19. 4/18

(Date rec'd by registrar)

1946

C. D. Plummer

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Preston

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1946 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw h..... alive on 19.....

Immediate cause of death.....

Due to Cardio-Vascular Disease 7 yrs. DURATIONDue to Cardiac Occlusion Sudden DURATION

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

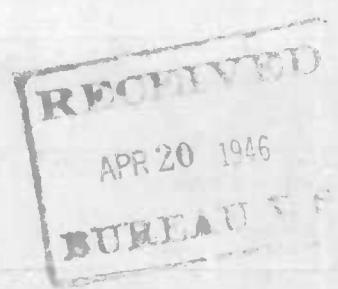
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George L. Conner M. D. or otherAddress Bethel MdDate signed 4/16/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 58-2

03604

## CERTIFICATE OF DEATH

Reg. Dist. No.

66

## 1. PLACE OF DEATH:

County.....

Caroline

City or town.....

Hillsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

23 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

Anne Marie Schuyler

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female white married

6. (b) Name of husband or wife

Samuel E. Schuyler

7. Birth date of deceased (mo., day, yr.)

Nov. 14, 1922

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

23

5

3

. hrs. . min.

9. Birthplace.....

Hillsboro, Maryland

(Town, county, and state)

10. Usual occupation.....

housewife

11. Industry or business.....

Carroll Combs

12. Name.....

Carroll Combs

13. Birthplace.....

Barclay, Md.

14. Maiden name.....

Mabel Jones

15. Birthplace.....

Maryland

16. Informant.....

Mrs. C. Combs, Jr., her

Address.....

Hillsboro, Md.

17. Burial

Date thereof..... 4-20-46

(But if, cremation, or removal, Which?)

(mouth) (day) (year)

Cemetery or crematory.....

Green Mount Cemetery

Location.....

Hillsboro, Md.

18. Funeral director.....

J. Virgil Moore

Address.....

Denton, Md.

19. Date of death.....

April 19, 1946

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Caroline

City or town.....

Hillsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

April 17

1946, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 8 to April 17, 1946

and that I last saw him alive on April 17, 1946

Immediate cause of death.....

Acute Carditis

DURATION

6 m.

Due to..... acute Carditis

Due to..... acute infections

+ treatment

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

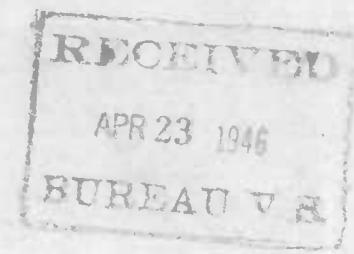
Injured at work?

23. SIGNATURE.....

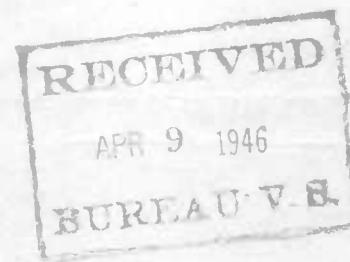
Karl Lederer, M.D.

M. D. or other

Address..... Green Anne Md. Date signed..... April 19, 1946







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

## CERTIFICATE OF DEATH

63696

Reg. Dist. No. ....

1. PLACE OF DEATH:  
County..... Caroline  
City or town..... GROVE  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 14 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... Maryland County..... Caroline  
City or town..... Preston  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
IBBIE ANN SHARP

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife..... Jas. E. Sharp

7. Birth date of deceased (mo., day, yr.)..... 6.(c) If alive, give age..... years  
Apr. 7, 1863

8. AGE: Years	Months	Days	If less than one day
83		16	hrs. min.

9. Birthplace..... Smithson  
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business.....

FATHER  
12. Name..... Andrew Dean  
13. Birthplace..... Maryland

MOTHER  
14. Maiden name..... Jane Frampton  
15. Birthplace..... Maryland

16. Informant..... Bertha Sharp Hancock  
Address..... Preston, Md.

17. Burial Date thereof..... Apr. 28, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory..... Friendship

Location..... Friendship, Md.  
18. Funeral director..... H. M. Hollis  
Address..... Preston, Md.

19. April 24 1946 C. D. Plummer  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Apr. 11, 1946, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Apr. 11, 1946, to Apr. 12, 1946, and that I last saw h. R. alive on Apr. 12, 1946.

Immediate cause of death..... Palmonary Edema

DURATION

15 days

Due to: Chronic Hypertension, Coronary Disease

16 years

Due to: Atherosclerosis & T.B.

20 years

Other conditions: Bilateral Cataract

14 days

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

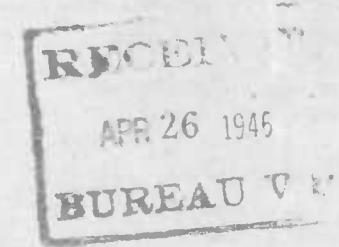
Means of injury.....

Injured at work?

23. SIGNATURE..... Sandy B. Plummer

M. D. or other

Address..... Date signed 4/24/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-2

## CERTIFICATE OF DEATH

13607  
Reg. Dist. No. 62

1. PLACE OF DEATH: Caroline  
 County: Caroline  
 City or town: Thomastown near Hillsboro  
(If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?: 15 yrs.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

3. (a) FULL NAME Frank Stanford

4. Sex <u>Male</u>	5. Color or race <u>B.</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
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8. (b) Name of husband or wife George7. Birth date of deceased (mo., day, yr.) Mar. 1, 1860

8. AGE: Years <u>86</u>	Months <u>1</u>	Days <u>8</u>	If less than one day hrs. .... min.
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9. Birthplace Maryland  
(town, county, and state)10. Usual occupation Labor11. Industry or business ✓12. Name John Stanford13. Birthplace Md.14. Maiden name Unknown15. Birthplace Md.16. Informant Mrs. George StanfordAddress Hillsboro Md. Rural17. Burial Burial Date thereof 4/12/46  
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)Cemetery or crematory ThomastownLocation Hillsboro Md.18. Funeral director Raymond B. RawlingsAddress Greensboro Md.19. 4/11 1546 (Date rec'd by registrar)
 2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Thomastown near Hillsboro  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war: \_\_\_\_\_

3. (b) Social Security Number: \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1946 at 450 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1945 to April 9 1946 and that I last saw him alive on Sept. 1945 to April 9 1946

Immediate cause of death:

Myocardial failureDue to: Emphysema

Due to: \_\_\_\_\_

Other conditions Employer was ofRe. lease (Include pregnancy within 8 months of death)

Major findings or operations: \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results: \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: \_\_\_\_\_ Date of: \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

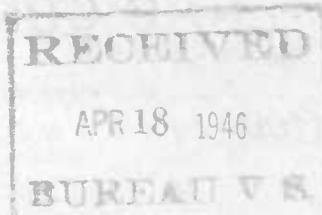
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Kurt Lederer M.D.

M. D. or other

Address Armenian Am. Md. Date signed 4/11



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

13608

## CERTIFICATE OF DEATH

Reg. Dist. No. 63

## 1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yearsHospital, institution, or street address where death occurred: near Smithson

How long in hospital or institution?

## 3. (a) FULL NAME

Perry J. Thomas

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Annie J. Thomas6. (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.)

October 23, 1904

8. AGE:

Years

Months

Days

If less than one day

41

6

4

hrs.

min.

9. Birthplace

Talbot County, Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

MOTHER

FATHER

12. Name

Perry Thomas

13. Birthplace

Talbot County, Maryland

14. Maiden name

Lucy Coursey

15. Birthplace

Talbot County, Maryland

16. Informant

Mrs. Annie J. Thomas

Address

Preston, Maryland, R.F.D.

17. Burial

Date thereof April 20, 1946

(Burial, cremation, or removal. Which?)

Cemetery or crematory W. Pleasant CemeteryLocation near Preston, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federal Bldg., Maryland

19. April 27

1946

(Date rec'd by registrar)

C. L. Plummer

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

near Smithson

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

219-14-3613

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 27

1946

at 4:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

DURATION

Due to Cardiac dilation acute1 hr.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, Industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE

John O'Georgy Coroner

M. D. or other

Address Denton Rd Date signed 4/27/46

